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Sexual dysfunctions and related cognitive variables in addict men

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Abstract

Various studies show high level of sexual dysfunction before and after of substance abuse in people who abuse opiods .In the other hand, sexual patterns include cognitive, emotional and behavioral schemes that interact with each other effect on sexual behavior and function .This study evaluates frequency of sexual dysfunction and cognitive schemes which are related to them .

sample of this study include 63 patients who are referred to Atye addiction treatment center in 2008 .
sexual dysfunction in addicts are significantly various to sexual dysfunction in general population .Also, defeat prediction has a negative relation to orgasm .Negative attitudes toward sexual relationship are seen in many addicts .Results of this study suggest that there is a significant difference between addicts to opiods and general population in sexual dysfunction .

Keywords: sexual cognitive variables, sexual dysfunction, addicts.

1. Introduction

Thousands of years narcotics are using as anodyne for ailments and acute ashcakes (Benyamin et al .2008) .opiates had a wide range abusing because of their pleasurable and anodyne nature .The most important phenomenon of substance abusing is tolerant and it means abuse increasing and affection decreasing .The relationship between substance abusing and sexual dysfunction is note worthy (Benyamin et al .2008) The studies show that many heroin abusers use it for self sex therapy like premature ejaculation and erectile dysfunction (La Pera et al ., 2003). As well as, these persons use opium for ejaculation control, decreasing anxiety, more erection and less inefficiency feeling in sexual intercourses (La Pera et al , . 2003) there are few surveys in the context of psychological health about those whit sexual anomalies.(Wylie et al, 2002) believe that a quarter of men need couple therapy because of their sexual anomaly .In fact, sexual dysfunctions rate in general population vary from 17 to 48 percent (Wylie et al., 2002). Men sexual dysfunctions are discussing in four categories as follow sexual hate, erectile disorder, orgasm disorder, dyspareunia .

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Surveys show that sexual cognitive variables lead to inappropriate and dysfunctional sexual behaviors (Rostami & Mohammadi, 2007). So many substance abusers encounter problems in hearty conducts (Caplane & Saaduc, 2008). And it seems that these problems are related to substance abusing **.**Therefore, this study performed for sexual dysfunctions and related cognitive variables in addicts**.**

2.Method

in beginning of entrance to treatment course, Sexual dysfunction interview (Spraco, Wizberg & Barlo, 1992), The international index of erectile function (IIEF): (Rosen et al., 1997) and Sexual beliefs (Nobre & Gouveia,2003) performed on addict men who were referred to Atye treatment center for substance abuse in Tehran.

3.Results

Date were analyzed by SPSS statistic software 16th edition. The mean of age in participants was 33. 08 (SD= 8.31). As shown in table 1, descriptive studies showed that 30.80) %15 men (had low sexual desire .Sexual hate abnormality spread in those with sexual function was 3.17) %2 persons .(19)%12 men (had erectile dysfunction , 33.33) %21 persons (had unripe erection .7.93) %5 persons (had orgasm disorder and 27) %17 persons (had undesirable sexual experience .

Table 1 –sexual dysfunctions in addict men

Sexual dysfunction type	frequency	Percent
Sexual desire disorder	15	23.8
Sexual Hate dysfunction	2	3.2
Erectile dysfunction	12	19
Premature ejaculation	22	34.9
Orgasm disorder	1	1.6
dyspareunia	2	3.2

For data deductive analysis, logistic regression method is used" .cognitive models "and sexual beliefs include " sexual protection "scales, women "sexuality power", "Macau beliefs", "beliefs about women orgasm", "finite view to sexual action "and "sexuality as abusing power in men "were chose as predictive variables .

At first stage, "sexuality "was chose as related variable(x^2 =10.96, df =7, p<0.0005). This model with true prediction of 96.6 %sexuality shows 15.1 %to 22.2 %variance in low sexuality .

At the end, 84.6 %of predictions were true .

In second stage, sexual hate was chose as related variable (x^2 =18, df =7, p<0.0005). By using this model with prediction of 3, sexual hate variance is from 33.8 %to 82 .%At the end, all 100 %prediction was true.

In the third stage, erection disorder was chose as related variables(x^2 =18, df =7, p<0.0005). This model predicts 21.6 %to 31.5 %variance in erection disorder and prediction of erection disorder absence was true in the rate of 96.4.%

In the forth stage, unripe orgasm was chose as related variable (x^2 =18, df =7, p<0.0005). This model was defined 35 %to 47 %variance in unripe orgasm .

86.4 %of not having unripe orgasm was predicted truly and at the end 57.9 %of predictions were true .

In the fifth stage, orgasm disorder was chose as related variable (x^2 =18, df =7, p<0.0005). This model was defined 26 %to 40.1 %variance in orgasm disorder .Also, 100 %of natural orgasm was predicted truly and at the end 100 %all predictions were true .

In the sixth stage, "pain in sexual relations or after that "was chose as related variable (x^2 =18, df =7, p<0.0005). This model defines 33.8 %to 82 %of variance in hate sexuality and the rate of true prediction in pain sexuality absence was 93.3 .%At the end, 89.5 %of predictions were true .

In the seventh stage, "having unwanted sexual relations "was chosen as related variable (x^2 =18, df =7, p<0.0005). This model predicted 26.3 %to 35.5 %of variance in unwanted sexuality .77.3 %of not having unwanted sexual relations was predicted truly and at the end 75.5 %of predictions were true .

In the eighth stage, "sexual directing "includes choosing only opposite sex, being homosexual or bisexual was chose as was chose as related variable (x^2 =18, df =7, p<0.0005).

This model predicted 21.6 %to 100 %of variance in sexual directing .100 %of opposite sex directing predictions were true and at the end 100 %of all predictions were true.

Generally, complete model in different stages, except last stage, was semantically abiding .

4. Discussion

Maybe sexual disorders in men which is not to come to a satisfactory sexual relation, is because of inefficient erection or orgasm problems .Sexual operation is related to many factors .The most important are mental, neuralgic, androgens and arterial factors (Babolhavaeji & feizian, 2008) .(Willy et al ., 2002) believe that one quarter of men need couple therapy because of their sexual dysfunctions .Whereas, the spread rate of sexual dysfunction in common people is changing from 17 to 48 percent .This study evaluates the relationship of cognitive factors and addict sexual behaviors .Outcomes show that some cognitive models and beliefs have meaningful effects on these persons .

So, it seemed that cognitive behaviors treatment programs are useful for this kind of addict's problems .

Likewise, outcomes from this study show that the most spread sexual abnormality in addicts were premature ejaculation) 33.32). The other sexual abnormality in arrange are as follow :

Sexual desire disorder (30.80), erection disorder (19), orgasm disorder (7.93) and sexual hate (3.17). This results are consistent with La Pera et al .,2003and Willy et al(2002).

A part of this study limitation is that some peoples had problems with appellation their cognitions, so they could not answer some interview questions .This problem must control in future studies .

Whereas similar studies do not accomplished in Iran, we offer future studies to be done with more participants in other parts of country .In future studies we can investigate on addict women and the effects of antitoxic treatment on addict's sexual relations improvement and related cognitive index after treating.

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